

L16000039120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

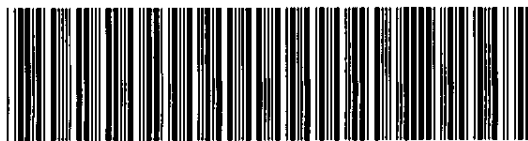
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
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16 FEB 26 AM 11:03

APPROVED  
2/26/16

02-26-16  
✓

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marty McQueen's Athletic Training Center LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marius McQueen  
Name of Person

Marty McQueen's Athletic Training Center  
Firm/Company

2609 Centerville Rd.  
Address

Tallahassee Fl. 32308  
City/State and Zip Code

martymcqueenatc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marius McQueen at ( 850 ) 590-4314  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Marty McQueen's Athletic Training Center LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2609 Centerville Rd.  
Tallah. Fl. 32308

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARTIN L. McQueen  
Name

2609 Centerville rd.  
Florida street address (P.O. Box **NOT** acceptable)

Tallahussee Fl. 32308  
City State Zip

SECRETARY OF STATE  
TALLAHUSSEE, FLORIDA

16 FEB 26 AM 11:09

APPROVED  
AND  
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

